

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33481**
Registrar's No. **132**

FILED OCT 18 1948

Registration District No. **1849**

Primary Registration District No. **3040**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
604 Graves Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 31 years years, months or days)

3. (a) PRINT
FULL NAME John Alfred Middaugh

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Maggie Lewis 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased July 30 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 1 29 hr. min.

9. Birthplace Page County, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer & Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Bill Middaugh
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Paul A. Middaugh

(b) Address Kansas City, Kansas

17. (a) Burial (b) Date thereof 10-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) Sept 30 / 48 (b) Frances B. Neill
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59
(c) City or town Chillicothe 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 604 Graves Street 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29th
year 1948 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept. 17, 1948, to Sept. 29, 1948,
that I last saw him alive on Sept. 29, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion four days
Duration

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Chillicothe Address Chillicothe, Mo. Date signed Sept 30-48

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Edna J. Roman

Licensed Embalmer No. 4036

P. O. Address. Chillicothe, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.